

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

RECEIVED

DEC 31 2014

S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER ALCESTER UNION & HUDSONITE		2. DATE 09/29/14
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ \$28/\$32
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 110 E. 1st St., P.O. Box 227, Alcester, SD 57001-0227		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) STAR Publishing P.O. Box H, Centerville, SD 57014		
6. FULL NAME OF PUBLISHER: Shane & Allyson Hill 1000 Washington St., Centerville, SD 57014		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME</div> <div style="width: 45%;">COMPLETE MAILING ADDRESS</div> </div> Shane & Allyson Hill 1000 Washington St., Centerville, SD 57014		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	800	800
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	100	120
2. Mail Subscription (Paid and or requested)	626	261
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	726	649
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	32	32
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	758	681
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	42	119
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	800	800

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

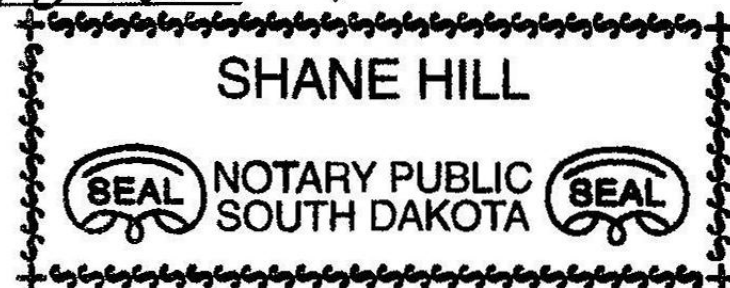
Allyson Hill
(Signature)

Owner/publisher
(Title)

State of South Dakota)

County of Turner)

(Seal)



Sworn to before me this 4 day of December, 20 14

[Signature]
Notary Public

My commission expires: 11-14-18